

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

To be Completed by the Provider

Provider: _____

Subject Matter/Title: _____

Date and Time of Activity: _____

Location: _____

Length of Presentation: _____

ELIGIBLE CALIFORNIA MCLE CREDIT:

TOTAL HOURS:

Legal Ethics: _____

Elimination of Bias in the Legal Profession: _____

Prevention, Detection and Treatment of Substance Abuse: _____

To Be Completed by the Attorney after Participation in the Above-Name Activity

By signing below, I certify that I participated in the activity described above and am entitled to claim the following California MCLE credit hours:

TOTAL HOURS: _____

(You may not claim credit for the following sub-fields unless the provider is granting credit in these areas as listed above.)

Legal Ethics: _____

Elimination of Bias in the Legal Profession: _____

Prevention, Detection and Treatment of Substance Abuse: _____

Attorney Signature: _____

REMINDERS: Keep this record of attendance for four years. In the event that you are audited by the State Bar, you may be required to submit this record of attendance. Send this to the State Bar only if you are audited. You must sign in on the Official Record of Attendance for California MCLE maintained by this provider in order for these hours to qualify for California MCLE credit.